## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N95000000965

1. Entity Name

SIGNATURE:

THE ASSOCIATION OF BLACK PSYCHOLOGISTS SOUTH FLO RIDA CHAPTER, INCOPORATED



## FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90142 001 \*\*\*\*61.25 02-12-2003 90142 002 \*\*\*\*\*8.75

954-445-7826

Principal Place	of Business	Mailing Address						
P.O. BOX 12971		P.O. BOX 12971						
MIAMI FL 33101-	2971	MIAMI FL 33101-2971 US		· [			0141 IB94	
US		03						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		СН	CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-(	4. FEI Number 65-0821922		lied For Applicable	
Zip Country		Zip	Country	5. Certificate of Statu	is Desired M Fee	\$8.75 Additional Fee Required		
6. Name and Address of Current		Registered Agent			7. Name and Address of New Registered Agent			
		ماعدوالماسيد.	z;.∽ Name —	Hall, Pamela	- A Dr			
HOLMES	DOROTHY ADR. Ponela	Tay Street Address		dress (P.O. Box Number is Not	s (P.O. Box Number is Not Acceptable) 55 N.W. 44KSt. #525			
	183RD STREET n < < <	Hay N 44th Street Street Address 755 11, Pl. 33319 City Lan		7555 N.W. 4	55 N.W. 494 St. #505			
> MIAMI FL	33157	n <	ļ					
· 1111/1111 1 2	1347	11 0 2226	City	. 0 1 . 1)	FL	Zip Code		
	Lau John	M, M. 53317	<u> </u>	avdorbill	=		<u>1</u>	
8. The above the obligati	named entity submits this statement for ons of registered agent.	or the purpose of changing its	registered office or	registered agent, or both, in th	e State of Florida. I am fan	niliar with, a	nd accept	
	(NO 0 11)	10			01/18/03			
SIGNATURE .	(Jamela / Kl	4	De sistered Agent elegate	re required when reinstating)	DATE			
	agnature, typed or printed name of registered agent	and title if applicable. (NOT)	:: Hegistered Agent signatu	e required when remaining)				
				<b>\$5.00</b> May Be	Make Check	Davable t	· \	
١,	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		Florida Departn			
'	in the state of th	Trust Fund C	Onthodion.	→ Added to Fees	rionda beparan			
	OFFICERS AND DI	DECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRE	CTORS IN	10	
10.	PTD OFFICERS AND DI	Delete	TITLE	O		Panne	Addition	
TITLE	HOLMES, DOROTHY A	Las Delete	NAME	Pamela Hall, Ps 10430 5W 1555	S.D. Wall SA. A	LAT. SOS	<u>,                                    </u>	
NAME STREET ADDRESS	10430 SW 183RD STREET		STREET ADDRESS	10430 SW 1555	- N. 447-20. 11	7	] !	
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP	Lenderhill, Fl	33399			
ļ	VD .	Delete	TITLE	Grace E. S	idberry, ND	Change	Addition	
TITLE NAME	ARCHABLE, CRYSTAL	PE DOLOTO	NAME	20021 N. E	200			
STREET ADDRESS	9221 SOUTH CYPRESS CIRCLE		STREET ADDRESS	2000 1110	27.00			
CITY-ST-ZIP	MIRAMAR FL 33025		: CITY-ST-ZIP	Illuamu, FI	>>\def(\family)\text{\tin}\text{\tett{\texi}\text{\text{\text{\text{\tet{\text{\text{\text{\texi}\text{\text{\text{\text{\texi{\texit{\texi{\texi}\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}			
TITLE	SD	Delete	TITLE	Miami, FI B.D. Velon, Tieslan 9221 Fourth	0 1 1 1 - 1	hange	Addition	
NAME	NELSON, TIESHA	•	NAME	Welson, Hesha	Hrocable, Crys	tal		
STREET ADDRESS	1105 NW 23RD AVENUE		STREET ADDRESS	9221 20016	-gpress chine			
CITY-ST-ZIP	N LAUDERDALE FL 33311		CITY-ST-ZIP	miranar, Fl	<u>33023</u>	Change	Addition	
TITLE	T	☐ Delete	TITLE	,		Change	☐ Addition	
NAME	HOLMES, DOROTHY A		NAME	li .		. •		
STREET ADDRESS	155 N.W. 209TH STREET		STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE				regulater	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP						☐ Change	Addition	
TITLE		☐ Delete	TITLE			Silenge	٠٠	
NAME			NAME STREET ADDRESS					
STREET ADDRESS			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.